

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 67

1. PLACE OF DEATH:

(a) County. Butler
(b) City or town. Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) 1/20

3. (a) PRINT FULL NAME Benjamin Luther Gillis

3. (b) If veteran, name war _____ 3. (c) Social Security No. 482-18-9580

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tennie Gillis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 9 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Stoddard Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk (Store)

11. Industry or business

12. Name John Gillis
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Louise Ezell
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Mann

(b) Address Dexter, Mo.

17. (a) Removal (b) Date thereof 3/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 3/10/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1940 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from March 7, 1940, to March 9, 1940,
that I last saw him alive on March 9, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary + Cerebral
Thrombosis
Due to Thrombosis

Due to 210 g

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Coronary + Cerebral
right side
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence May 5 1940
(c) Where did injury occur? In highway
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
He was riding in a truck & fell out
While at work? yes (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, ~~working under my personal supervision.~~

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.